



DELAWARE DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
CONSUMER REPORTING FORM — PSYCHIATRIC DIAGNOSIS

Consumer's Name _____
Last First M.I.

MCI # 0 0 0

TREATMENT
UNIT ID #

Axis I: Clinical Disorders

Check One (Axis I or II) to Indicate PRIMARY DIAGNOSIS

Code []
Code []
Code []

Axis II: Personality Disorders/Mental Retardation

Code []
Code []
Code []

Axis III: General Medical Conditions

ICD-9-CM Name

Code
Code
Code
Code
Code

Axis IV: Psychosocial and Environmental Problems

Check:

- ☐ Problems with primary support group (Specify) _____
- ☐ Problems related to the social environment (Specify) _____
- ☐ Educational problems (Specify) _____
- ☐ Occupational problems (Specify) _____
- ☐ Housing problems (Specify) _____
- ☐ Economic problems (Specify) _____
- ☐ Problems with access to health care services (Specify) _____
- ☐ Problems related to interaction with the legal system/crime (Specify) _____
- ☐ Other psychosocial and environmental problems (Specify) _____

Axis V: Global Assessment of Functioning Scale Score

Time Frame (Circle One: Current Last Month Last Quarter Last Year Other _____)

Print Name - Physician Formulating/Confirming Diagnosis

Staff ID

DATE

Signature